								Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									10120	~ /									
								<u></u>	18480	<u>x</u> †									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALLE TYPE	NTITY	OR	OTHER SMALL								
TOTAL CLAIMS			9					RATE	FEE		RATE	FEE							
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00							
TOTAL CHARGEABLE CLAIMS			minus 20=		0-			X\$ 9=		OR	X\$18=								
INDEPENDENT CLAIMS			minus 3 =		-0			X40=		OR	X80=								
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=								
• #	the difference	in column 1 is	less than zero, enter "0" in column 2				1	TOTAL		OR	TOTAL	710							
CLAIMS AS AMENDED - PART II 11/15/0) ر	┥.		•	OTHER	THAN							
(Column 1)			(Column :			(Column 3)	_	SMALL	ENTITY	OR	SMALL								
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	. 2	Minus	• 2	6	=		X\$ 9=		OR	X\$18=								
	Independent	NTATION OF MU	Minus	••• 2) >	=		X40=		OR	X80=								
	PINO I PRESE	NIATION OF MC	LIPLE DEP	CNUCIAI	CLAIM			+135=	•	OR	+270=	6							
			•				L	TOTAL		OR	TOTAL	FF							
		(Column 1)		(Colur	nn 2\	(Column 3)	,	ADDIT. FEE	<u></u>		ADDIT. FEE	─ त							
AMENDMENT B	MAR TO THE STREET	CLAIMS REMAINING AFTER AMENDMENT	Mark Transport	HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	NT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total		Minus	**		=		X\$ 9=		OR	X\$18=								
	Independent	•	Minus	***		=		X40=		OR	X80=								
	HHST PRESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM			+135=		OR	+270=								
							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE								
(Column 1) (Column 2) (Column 3)																			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE							
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=								
	Independent	•	Minus	•••		=	ŀ	X40=			X80=								
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		ŀ			OR									
+135= OR +270=																			
**	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	iid For IN THI aid For IN THI	S SPACE I	s less tha is less tha	n 20, enter "20." in 3, enter "3,"		"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											